

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-375)**

SERIAL NO. **09/533750**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/			/		54						
5		/			/		55						
6		/			/		56						
7	/				/		57						
8							58						
9						/	59						
10						/	60						
11						/	61						
12						/	62						
13						/	63						
14						/	64						
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16						/	66						
17					/		67						
18						/	68						
19						/	69						
20							70						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					4		TOTAL IND.						
TOTAL DEP.					10		TOTAL DEP.						
TOTAL CLAIMS					14		TOTAL CLAIMS						